

Region IV Acute Care Project**Project Discharge []****Transfer Notice []****Local Hospital:** _____ **Date:** _____ **CSB/BHA:** _____**AND:** **Client:** _____ **Project Discharge/Transfer Date:** _____**Soc.Security or Client ID #:** _____ **Total Continuous Project Days:** _____**Transfer Facility (if applicable):** _____**DX @** (Axis I) _____ **Code(s):** _____**Dischg. []** (Axis II) _____ **Code(s):** _____**Transfer []** (Axis III) _____ **Code(s):** _____(Axis IV) _____ **Code(s):** _____(Axis V) _____ **Code(s):** _____*Complete the following for Transfer to State Facilities Only***Reason for Transfer:** _____

Check Transfer Criteria Met:	_____ _____ _____ _____ _____ _____ _____ _____	Confirmed diagnosis of mental illness, and Alternatives to admission have been investigated and there is no less restrictive alternative to admission ¹ , and Does not have any condition inappropriate for admission to a State Facility ^{2,3} , and one or more of following: Is in imminent danger of self-harm ⁴ ; or Is at imminent risk of harming others ⁴ ; or Evidences of persistent inability or refusal to care for personal basic needs in a manner that is appropriate to his or he age or physical capacities and significantly threatens personal health and safety ⁴ ; or Has a condition that requires intensive monitoring of newly prescribed drugs with a high rate of complications or adverse reactions; or Has a condition that requires intensive monitoring and intervention for toxic effects from therapeutic psychotropic medication and short term community stabilization is not deemed to be appropriate
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Has medical clearance been obtained? Yes [] N [] **Physician:** _____ **Date:** _____

Have necessary labs / screening been completed?	BAC/Urine Drug Screen	Y []	N []
	SASSI or SSI	Y []	N []
	UPSF attached	Y []	N []

Referring Psychiatrist concurs with plan/recommendation? Y [] N []**Receiving Psychiatrist concurs with plan/recommendation?** Y [] N []

Complete the following for both Transfer & Discharge

Clinical Status at Discharge / Transfer: _____

Ongoing Follow-up / Treatment Arrangements: _____

Project Discharge / Transfer Approval CSB/BHA Representative: _____
(Signature)

Copy(s) to: **CSB/BHA** **Admitting Hospital** **Regional Authorization Committee**
c/o John P. Lindstrom, RBHA
819-4265 (Fax)

¹ § Pursuant to § 37.1-67.3 of the *Code of Virginia*

² (a) Individuals who have behaviors that are due to medical disorders, neurological disorders (including head injury), or mental retardation and who do not have a qualifying psychiatric diagnosis or serious emotional disturbance;

(b) Individuals with unstable medical conditions that require detoxification services or other extensive medical services;

(c) Individuals with a diagnosis of dementia, as defined in the Diagnostic and Statistical Manual or who have dementia, with behavioral problems;

(d) Individuals with primary diagnoses of adjustment disorder, anti-social personality disorder, or conduct disorder; and

(e) Individuals with primary diagnosis of substance abuse

³ (a) Individuals with severe or profound levels of mental retardation are not appropriate for admission to a state psychiatric hospital or institute. However, individuals with mental illness who are also diagnosed with mild or moderate mental retardation but are exhibiting signs of acute mental illness may be admitted to a state psychiatric hospital or institute if they meet the preceding criteria for admission due to their mental illness and have a primary need for mental health services. Once these psychiatric symptoms subside, the person must be reassessed according to AAMR criteria and must be discharged to an appropriate setting.

(b) Individuals with a mental illness who are also diagnosed with a co-occurring chemical abuse or addiction disorder may be admitted to a state psychiatric hospital or institute if they meet the preceding criteria for admission due to their mental illness and have a primary need for mental health services

(c) For a forensic admission to a state psychiatric hospital, an individual must meet the criteria for admission to a state mental health facility. If admission criteria are not met, then the psychiatric needs should be addressed in the local jail, prison, detention center, or other correctional facility in collaboration with the local treatment providers.

⁴ Pursuant to § 37.1-67.3 et seq. of the *Code of Virginia*